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ABSTRACT

Participants at a conference on mental health in schools highlighted the following policy initiatives as a sampling of current activity that could benefit efforts to enhance mental health in schools: (1) new interagency programs for safe schools and healthy students that link the resources of several federal agencies; (2) an enhanced focus on mental health in the Head Start initiative and Justice Department programs for youth in detention; (3) efforts by the Health Resources and Services Administration (U.S. Department of Health and Human Services); and (4) reauthorization of federal legislation that focuses on mental health in schools through state infrastructure grants and national centers. Gathering additional information and disseminating accumulated information will help expand the policy leadership pool focused on mental health in schools. Four appendixes list conference participants and policy academies, discuss initiatives with relevance for mental health in schools, and set forth some frameworks for analyzing policy in this area. (Contains 4 figures and 166 references.) (SLD)

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July, 1999

Expanding Policy Leadership for Mental Health in Schools

Report from the Mini-Summit

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Preface

The next few years appear destined to produce major mental health policy initiatives. With a view to further enhancing initiatives specifically for mental health in schools, the *UCLA Center for Mental Health in Schools* hosted a "mini-summit" in June, 1999. The event was designed to bring together about 30 leaders for a relatively informal leadership exchange on policy and infrastructure concerns affecting mental health in schools.

In addition to direct invitations, an open invitation was made through our Center's electronic newsletter. The response was outstanding, and rather than 30, we ended up with RSVPs from close to 50 leaders from around the country, including representatives of key federal agencies such as HRSA, SAMHSA, the Department of Education's Office of Special Education and Safe and Drug Free Schools Program, and the Department of Justice (see Appendix A).

The agenda items were shaped by two general questions about mental health in schools: *Where are we currently? Where are we going?* A special focus was on clarifying key concerns that must be addressed in order to enhance policy. Participants also outlined some recent policy activity and explored the need to expand the pool of policy leaders. In this last respect, SAMHSA representatives stressed the importance of connecting efforts to enhance policy for mental health in schools with the planned *Policy Academies* on developing systems of care (see Appendix B).

This document reflects work done prior to and during the June 24th meeting. It reports on key matters related to the mini-summit discussions and outlines some preliminary plans for expanding the pool of policy leaders focusing on mental health in schools.

We recognize our efforts to report are always filtered through a personal lens; thus, we apologize for any errors of omission or commission. We have attempted to minimize errors and make improvements to this document based on feedback received from participants.

Howard Adelman & Linda Taylor

Background

Despite renewed interest among policy makers in mental health, considerable ambiguity and conflict continues with respect to the role schools should play in addressing mental health and psychosocial concerns. For these and other reasons, the notion of mental health *in schools* continues not to be a high priority in policy or practice, and little effort has been made to formulate an explicit framework to guide policy makers in this arena.

As interest in mental health is burgeoning, there also is growing concern about serious flaws in policies and practices *at all levels* aimed at preventing and correcting emotional, behavior, and learning problems. One response is reflected in initiatives to increase *collaboration* within schools, among schools, between schools and community agencies, and among agencies at local, state, and federal levels. Such initiatives mean to enhance cooperation and eventually increase *integrated use of resources*. The hope is that cooperation and integration will lead to better access and more effective and equitable use of limited resources. Another implicit hope is that collaboration will enhance the amount and range of available programs and services and lead to *comprehensive approaches*. And, of course, all of this is meant to improve results.

Leaders for mental health in schools suggest that the well-being of young people can be substantially enhanced by addressing key policy concerns in this arena. In this respect, they recognize that policy must be developed around well-conceived models and the best available information. Policy must be realigned horizontally and vertically to create a cohesive framework and must connect in major ways with the mission of schools. Attention must be directed at restructuring the education support programs and services that schools own and operate and weave school owned resources and community owned resources together into comprehensive, integrated approaches for addressing problems and enhancing healthy development. Policy makers also must deal with the problems of "scale-up" (e.g., underwriting model development and capacity building for system-wide replication of promising models and institutionalization of systemic changes). And, in doing all this, more must be done to involve families and to connect the resources of schools, neighborhoods, and institutions of higher education.

With so much to be done in the policy arena related to mental health in schools, it seems evident that the pool of policy-oriented leaders must be expanded.

Enhancing a Policy Focus Relevant to Mental Health in Schools: Some Key Concerns

What key concerns must be addressed to enhance the policy context for mental health in schools? While hardly exhaustive, the following synthesis provides a sense of agenda for the coming years.

- There is confusion about what constitutes mental health in schools -- including disagreements regarding emphasis and breadth, and there is a dearth of unifying concepts, frameworks, and models.

  (Is the focus on specific services for those with emotional problems? Does the term encompass programs responding to psychosocial problems? prevention? affective education? wellness? school climate? How should families be involved?)

- There is no provision for an evolving synthesis, analysis, translation, and diffusion of research findings that have direct relevance to mental health in schools.

  (What data support the value *to schools* of including a focus on mental health? What interventions look promising? What are the gaps in our knowledge base about interventions schools might find useful?)

- There is no ongoing synthesis and analyses of existing policy (federal, state, local) relevant to mental health in schools. This deficiency exists with respect to clarifying

  > how existing policies affect relevant practices at the school level (including analyses of how funding is shaping the nature and scope of what does and doesn't happen each day at school sites)

  > how existing policies affect development of effective large-scale systems (e.g., school district-wide approaches, school district and community-wide partnerships)

  > how gaps in existing policy limit mental health in schools

- Related to the lack of policy analyses is a failure to confront the *policy marginalization and fragmentation* that hinders attempts to improve how schools address mental health and psychosocial concerns. In addition to addressing the above concerns, efforts to change this state of affairs must move rapidly to counter prevailing trends that continue to marginalize the focus in schools on mental health and psychosocial concerns. These trends include:
  - > the skewed focus that equates mental health with severe and profound problems and minimizes prevention (including promotion of healthy social and emotional development) and early-after-onset interventions
  - > the lack of a significant integration with school reform of efforts to address barriers to learning
  - > the lack of a significant connection between initiatives for mental health in schools and managed care/health reform
  - > the tendency not to map and analyze current resources used for psychosocial and mental health activity at school sites
  - > the dearth of attention given to enhancing policy cohesion in ways that minimize "silos" or "stovepipes" (redundancy, waste), maximize use of resources, and foster integrated school-community partnerships
  - > the failure to develop effective infrastructures to ensure development and maintenance of comprehensive, multifaceted, and integrated approaches and related accountability procedures to clarify what's working

- The above matters tend not to be a significant focus in programs that prepare mental health professionals or in general courses offered to the citizenry.

Those involved in school and community reforms recognize that institutions of higher education currently are part of the problem (e.g., because of the inadequacy of professional preparation programs and professional continuing education programs, because of what higher education doesn't focus on in pursuing research and doesn't teach undergraduates). To achieve more than a marginal involvement of these mega-resource institutions requires policy, models, and structural changes that ensure truly reciprocal relationships designed to effectively address the pressing educational, social, and health concerns confronting our society. (Attention to professional preparation is especially important now given the "graying" of current support services personnel in schools and the need for such personnel to assume rapidly changing roles and functions and to enhance their cultural competency.)

A Smattering of Recent Policy Activity with Implications for Mental Health in Schools

Amplifying and expanding on the initiatives listed in Appendix C, participants at the meeting highlighted the following major policy initiatives as just a sampling of current activity that could benefit efforts to enhance mental health in schools.

- New interagency programs for safe schools and healthy students that meld the resources of the U.S. Departments of Education, Health and Human Services, and Justice

- An enhanced focused on mental health concerns in the Head Start initiative and in Justice Department programs for youth in detention

- The Health Resources and Services Administration through the Maternal and Child Health Bureau's Office of Adolescent Health (U.S. Department of Health and Human Services) is continuing to foster a focus on mental health in schools through its state infrastructure grants and two national centers. And, the center for Disease Control is continuing to foster the development of Coordinated School Health Programs through its funding of state infrastructure grants.

- The IDEA reauthorization also has implications for efforts to enhance school involvement in mental health. The act:
  - > allows up to 5% of the amount a local education agency receives under Part B to be used to develop and implement a system for coordination of services
  - > allows use of the label "developmental delay" to provide special education services up to the age of 9 without any additional labelling if the state chooses to do so (There may be additional federal funds for this in the near future.)
  - > under Part B, allows federal special education funds to be blended together with other federal funds for school wide reform (this can be done automatically in schools receiving Title I funds),
  - > amends the definition of "child with a disability" in the Part B regulations to replace "serious emotional disturbance" with "emotional distrurbance" and adds "attention deficit disorder" ("ADD") and "attention deficit hyperactivity disorder" ("ADHD") to the list of conditions that could render a child eligible for Part B services under the "other health impairment" ("OHI") category.*

*Including "ADD" and "ADHD" as potentially eligible conditions under the Part B regulations does not add a new requirement. It simply codifies the Department's long-standing policy related to serving these children. The final regulations clarify that the term "limited strength, vitality, or alertness" in the definition of "OHI" -- when applied to children with ADD/ADHD -- includes "a child's heightened alertness to environmental stimuli that results in limited alrtness with respect to the educational environment."

On a more general note, various mechanisms have emerged that permit demonstrations of interconnected activity (e.g., the melding of funds and structures to foster coordination and pursue more comprehensive approaches).

> Federal agencies such as the Department of Education are strongly encouraging use of waivers.

> Federal, state, and local children's cabinets and partnerships are encouraging greater collaboration (e.g., state-level cabinets that combine departments for children, families, and education; the Intercollaborative Coordinating Committee for Early Childhood; the Federal Interagency Coordinating Council for Individuals with Disabilities; the National Coordinating Committee for School Health).

> Relatedly, as part of the National Partnership for Reinventing Government, there is an initiative called "Boost for Children" that is designed to give those at local levels greater flexibility in their efforts to enhance positive outcomes for children, youth, and families. The emphasis is on cutting red tape, integrating services, and using current funding more effectively.

These mechanisms all permit the type of experimentation that can lead to policies that promote greater cohesion in the use of resources in addressing psychosocial and mental health concerns.

It is also noted that, with the Surgeon General's report on mental health, the Department of Health and Human Services (SAMHSA, HRSA, CDC) will likely pursue additional initiatives in which school involvement will be desirable, especially efforts to address youth suicide.

And, with specific respect to managed care for mental health services, President Clinton's renewed push for parity will have implications for all schools that have been able to make inroads into third party payer networks.

Finally, the many research initiatives around the country continue to provide a basis for pursuing empirically-supported interventions for certain mental health and psychosocial concerns (e.g., youth violence, anxiety problems). Relatedly, processes for translating research into practice and disseminating knowledge clearly are developing at an exponential rate. And, as the need to influence decision makers (e.g., legislators, school boards, superintendents) and their constituencies (e.g., parents) becomes increasingly important, greater attention is being paid to amassing and disseminating outcome data and developing social marketing campaigns.

Next Steps Toward an Expanded Leadership Cadre

Clearly, there is a great deal of work to be done in enhancing policy for mental health in schools. Key to the success of this work is increasing the pool of leadership and enhancing infrastructure capacity. Our Center plans to continue to play both a direct and a catalytic role in helping with ongoing leadership and infrastructure development.

Based on the June 24th meeting, the Center will take the following steps:

- Widely circulating this report;

- Entering into discussions about how the planned *Policy Academies on Developing Systems of Care* can incorporate a major focus on mental health in schools (see Appendix B);*

- Expanding the policy leadership pool focused specifically on mental health in schools (see p. 7);

- Continuing to
  >amass policy-relevant information (see Appendix C)
  >develop frameworks for analysis (see Appendix D)
  >facilitate the *Coalition for Cohesive Policy in Addressing Barriers to Development & Learning***
  >generate policy reports.

*The Child, Adolescent, and Family Branch of the federal Center for Mental Health Services, SAMHSA, has funded the Georgetown University National Technical Assistance Center for Children's Mental Health to coordinate a series of these academies.

**The *Coalition for Cohesive Policy in Addressing Barriers to Development & Learning* was created to focus on the critical need to enhance policy cohesion (including filling policy gaps) related to addressing barriers to development and learning. The School Mental Health Project at UCLA is providing facilitation and support in the initial phases of the coalition's development.

Policy Leadership for Mental Health in Schools: A Key to Advancing the Field

A policy leadership cadre represents a key infrastructure component. Such a group can become a direct force for advocacy and action, a catalyst, a focus for capacity building, and provide a critical mass for mentoring.

Expanding the Leadership Pool

Cadre members will be recruited through (a) self- and other-nominations by those who participated in the June 24th mini-summit, (b) nominations by participants in the Coalition for Cohesive Policy in Addressing Barriers to Development & Learning, (c) invitations to our Center's Consultation Cadre members, and (d) announcements in various organizational newsletters.

Our Center, in conjunction with other interested groups, will plan periodic capacity building sessions for the Leadership Cadre. However, much of the capacity building and regular communication will be accomplished through a computer Listserv linking the group.

Initial Activities

At this time, the plan is to focus on each of the key concerns listed on pages 2 and 3. Taking one at a time, Cadre members will be asked to share information they already have or can readily access with respect to a given concern. Our Center will amass and analyze the various pieces of data and circulate the work as a stimulus to elicit additional information and analyses.

As a substantial analysis emerges and implications for policy action are clarified, specific recommendations will be formulated and strategies for pursuing them will be developed.

Appendices

A. *Participants*

B. *Policy Academies*

C. *Toward a Map of Initiatives at Various Levels that have Relevance for Mental Health in Schools*

D. *Frameworks for Analyzing Policy*

Appendix A

RSVPs

Mini-Summit on Expanding Policy Leadership for Mental Health in Schools

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Note: Several additional guest participants attended including Marilyn Acy and Laura Blay from the North Carolina Department of Health and Human Services.

Appendix B

Policy Academies
ON DEVELOPING SYSTEMS OF CARE FOR CHILDREN WITH, OR AT RISK OF, EMOTIONAL AND BEHAVIORAL DISORDERS AND THEIR FAMILIES

New Opportunities for Improving the Lives of Children and Families!

Across the country, a quiet revolution is occurring in which states and communities are building comprehensive, coordinated, community-based, and culturally competent systems of care for children and their families. This quiet revolution is evidenced by new partnerships among agencies, private organizations, the business and faith communities, service providers, and families. The partnerships are being built to ensure that children and families with complex needs access the services and supports necessary to be successful in their school and in their communities. As California Senator Cathie Wright stated, "*We've supported and funded Systems of Care in nearly 40 of the 58 counties in the State of California for three obvious reasons: our children are getting better; the families are satisfied with the results; and it is cost effective when compared with the old way of doing business.*"

The Policy Academies are an exciting opportunity for states/federally recognized tribes/territories that are thinking about new policy initiatives to enhance community services and supports for children with, or at risk of, emotional and behavioral disorders and their families. Participants will be part of a unique process designed to support a team of leaders in implementing their vision for improving services for children with mental health problems and their families. These state/federally recognized tribe/territory teams will receive support and technical assistance to aid in conceptualizing, designing, and implementing their initiatives.

Organizational Sponsors and Support

The Child, Adolescent, and Family Branch of the federal Center for Mental Health Services has asked and provided funding support to the National Technical Assistance Center for Children's Mental Health at Georgetown University to coordinate a series of *Policy Academies* ***on Developing Systems of Care for Children With, or At Risk of, Emotional and Behavioral Disorders and Their Families,*** the first to be held in early December, 1999. Many national organizations are partners in supporting this approach to strengthening public policy. A list of these organizations is attached. Five to six states/jurisdictions will be selected to send delegations of key policy makers and stakeholders to participate in the first three-day Policy Academy.

Purpose of the Policy Academies

The Policy Academies on Developing Systems of Care for Children With, or At Risk of, Emotional and Behavioral Disorders and Their Families are designed for states/federally recognized tribes/territories that are considering new policy initiatives in this area and who would like assistance from experts in further conceptualizing, designing, and implementing their visions and agendas. The purpose of the Policy Academies is to assist delegations to accomplish a number of goals:

1. To define concrete objectives for a **major policy initiative** such as

   - ♦ establishing cross-agency collaboration and financing for community services,
   - ♦ putting in place local administrative and direct services coordinating structures,

- instituting family involvement in policy and direct services,
- developing culturally competent local service systems, and
- developing criteria and steps for program evaluation

2. To design a major policy initiative such as legislation, an executive order, or memoranda of understanding that will accomplish the identified objective and expand interagency approaches to funding and service delivery in communities across the state/federally recognized tribe/territory;

3. To strategize the next steps for gaining the consensus required to support and move the proposed child policy initiative throughout governmental processes;

4. To develop an implementation plan for the child policy initiative; and

5. To form partnerships between the state/federally recognized tribe/territory and communities to facilitate the successful implementation of the policy initiative.

What Are the Academies?

The Policy Academies are designed to be more than just meetings. Participants will receive technical assistance prior to the three-day academies. Technical assistance will assist in: 1) conducting self-assessments of opportunities and challenges; 2) forming their delegations; and 3) planning for their participation at the meeting. During the academies, participants will engage in:

1. Plenary sessions, round table discussions, and workshops provided by resource persons, experts, and peers that provide information requested on the objectives they have chosen for their policy initiatives;

2. Individual delegation meetings, facilitated by knowledgeable persons, that assist in designing policy initiatives and planning their implementation, and in developing action plans for follow-up.

3. Resource assistance from experts to delegations to assist in answering their specific questions and issues.

During the year after participating in a Policy Academy, states/federally recognized tribes/territories will be offered some follow-up technical assistance in implementing the initiatives they have proposed.

Selected delegations will be asked to send teams comprised of individuals who are essential to successfully implementing the proposed initiatives. This includes individuals who can influence executive and legislative branch actions and individuals who have the authority and responsibility to implement the proposed initiatives. The delegations may include representatives of the governor's office or the highest official in the jurisdiction, cabinet secretaries, human services and budget agency directors and key staff, state legislators and key staff, family organizations, and advocates. The National Technical Assistance Center at Georgetown University will pay the costs of attending the academies for up to seven (7) members of each delegation, although delegations may be larger. Funding for additional members will have to be provided by the state/federally recognized tribe/territory.

POLICY ACADEMIES ON DEVELOPING SYSTEMS OF CARE

The first *Policy Academy on Developing Systems of Care for Children With, or At Risk of, Emotional and Behavioral Disorders and Their Families* will be held *December 8-10, 1999* in Annapolis, Maryland. The Child, Adolescent, and Family Branch of the federal Center for Mental Health Services has asked Georgetown University s National Technical Assistance Center for Children's Mental Health to coordinate a series of these academies in the next few years. These academies are seen as exciting opportunities for states/federally recognized tribes/territories who would like assistance in conceptualizing their visions and implementing policies to enhance community services and supports for children with, or at risk of, mental health disorders and their families.

The Policy Academies are more than just meetings. Participating delegations will receive technical assistance prior to the three day academy meeting as well as follow-up assistance with implementation of an Action Plan. During the academy meeting, participants will take part in:

- Plenary sessions, round table discussions, and workshops provided by resource persons, experts, and peers;
- Individualized meetings that will assist the delegations in designing policy initiatives and developing action plans for follow-up; and
- Resource assistance from experts to assist in answering their specific questions and issues.

Letters of invitation will be sent to all governors or the highest official with five to six delegations selected in August to send 7 member teams of key policy makers and stakeholders. Delegations selected to participate in the first academy in December will be asked to send individuals who are *essential* to successfully implementing the proposed initiatives. The team delegations may include representatives from the following:

- governor and governor's office;*
- cabinet secretaries;
- human services directors;
- budget and Medicaid agency directors;
- community and provider representatives;
- two state legislators or legislative staff;* and
- one representative *each* from key family and advocacy organizations.*

The National Technical Assistance Center at Georgetown University will pay the costs of attending the Policy Academy for up to seven members on each delegation; however, states/federally recognized tribes/territories may bring additional delegation members if they wish.

The process and time line for states interested in becoming involved in the State Policy Academies include:

- Receiving the *Letter* of *Invitation* in the Governor's or highest ranking official's office--May.
- Talking to key people in the state/federally recognized tribe/territory about making a commitment--*May, June, and July*
- Mailing in the *Letter of Interest and Application* to Georgetown University National Technical Assistance Center--Due July 9,1999.
- Forming a delegation of policy makers, advocates, family members, community providers--on-going until *November*
- Working with the National Technical Assistance Center to prepare for the Policy Academy--*September through November*
- Participating in the Policy Academy Meeting in Annapolis, Maryland--December 8-10, 1999. Receiving on-going technical assistance on-site--Starting in *February, 2000.*

*** Must be included in the delegation of seven**

Process of Application

The process to apply for participation in the first Policy Academy to be held December 8- 10, 1999, is as follows. A letter of invitation will be sent to the Governor or the highest official of each state/federally recognized tribe/territory in the Spring of 1999. States/federally recognized tribes/territories will be asked to respond in early Summer with a letter of interest to participate and a completed brief application. Representatives from national organizations endorsing the Policy Academies and the advisory committee will serve to select 5-6 delegations to participate in the first academy. States/federally recognized tribes/territories will be notified of their selection in mid-August. Those not chosen for this first academy may be invited to attend future academies. During the Fall, facilitators will assist the selected states/jurisdictions in prework for the academy that includes conducting a self-assessment, forming their delegations, and planning for their participation in the academy. This prework may include telephone conference calls; a visit with delegations to do preliminary work on the objectives to accomplish; an assessment of information needed; and discussions of the types of policy initiative being considered.

Additional Information

For further information on the Policy Academies please contact

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Appendix C

A Sample List of Various Initiatives Relevant to Mental Health in Schools

The following draft list was compiled last year to help draw attention to the many initiatives about which leaders for mental health in schools need to be aware.

Education

- Elementary and Secondary Education Act/Improving Americas Schools Act (ESEA/IASA) *(currently undergoing reauthorization)*

  Title I—Helping Disadvantaged Children Meet High Standards
  - Part A: Improving Basic Programs Operated by LEAs
  - Part B.: Even Start Family Literacy
  - Part C: Migratory Children
  - Part D: Neglected or Delinquent

  Title II—Professional Development (upgrading the expertise of teachers and other school staff to enable them to teach all children)
  Title III— Technology for Education
  Title IV—Safe and Drug-Free Schools
  Title V—Promoting Equity (magnet schools, women's educational equity)
  Title VI—Innovative Education Program Strategies (school reform and innovation)
  Title VII—Bilingual Education, Language Enhancement, and Language Acquisition (includes immigrant education)
  Title IX—Indian Education
  Title X—Programs of National Significance Fund for the Improvement of Education
  Title XI—Coordinated Services
  Title XIII—Support and Assistance Program to Improve Education (builds a comprehensive, accessible network of technical assistance)

- Obey-Porter Comprehensive School Reform (includes scale-up of New American Schools)
- 21st Century Community Learning Centers (after school programs)
- Other after school programs (involving agencies concerned with criminal justice, recreation, schooling, child care, adult education)
- McKinney Act (Title E)—Homeless Education
- Goals 2000— "Educational Excellence"
- School-Based Service Learning (National Community Service Trust Act)
- School-to-Career (with the Labor Dept.)
- Vocational Education
- Individuals with Disabilities Education Act (IDEA)
- Social Securities Rehabilitation Act of 1973, Title V -- commonly referred to as Section 504-- this civil rights law requires schools to make reasonable accommodations for students with disabilities so they can participate in educational programs provided others. Under 504 students may also receive related services such as counseling even if they are not receiving special education.
- Head Start and related pre-school interventions
- Adult Education (including parent education initiatives and the move toward creating Parent Centers at schools)
- Related State/Local Educational Initiatives (e.g., State/Local dropout prevention and related initiatives (including pregnant minor programs); nutrition programs; state and school district reform initiatives; student support programs and services funded with school district general funds or special project grants; school improvement program; Community School Initiatives, etc.

Labor & HUD

Community Development Block Grants
Job Training/Employment
- Job Corps
- Summer Youth (JTPA Title II-B)
- Youth Job Training (JTPA Title II-C)
- Career Center System Initiative
- Job Service
- YouthBuild

Health

Title XIX Medicaid Funding
- Local Educational Agency (LEA) Billing Option
- Targeted Case Management -- Local Education Agency
- Targeted Case Management -- Local Government Agency
- Administrative Activities
- EPSDT for low income youth
- Federally Qualified Health Clinic

Public Health Service
- Substance Abuse and Mental Health Services Administration (SAMHSA) Initiatives (including Substance Abuse Prevention and Treatment Block Grant, Systems of Care initiatives)
- Center for Substance Abuse Treatment/Center for Substance Abuse Prevention
- National Institute on Alcohol Abuse & Alcoholism/National Institute on Drug Abuse
- National Institute on Child Health

Health Resources and Services Administration (HRSA) Initiatives
- Maternal & Child Health Bureau
  - Block Grant -- Title V programs -- at State and local levels for
    - >reducing infant mortality & the incidence of disabling conditions
    - >increase immunizations
    - >comprehensive perinatal care
    - >preventive and primary child care services
    - >comprehensive care for children with special health needs
    - >rehabilitation services for disabled children under 16 eligible for SSI
    - >facilitate development of service systems that are comprehensive, coordinated, family centered, community based and culturally competent for children with special health needs and their families

  Approximately 15% of the Block Grant appropriation is set aside for special projects of regional and national significance (SPRANS) grants.

  There is also a similar Federal discretionary grant program under Title V for Community Integrated Service Systems (CISS) -- Includes the Home Visiting for At-Risk Families program.

- Ryan White Title IV (pediatric AIDS/HIV)
- Emergency Medical Services for Children programs
- Healthy Start Initiative
- Healthy Schools, Healthy Communities -- a collaborative effort of MCHB and the Bureau of Primary Health Care -- focused on providing comprehensive primary health care services and health education promotion programs for underserved children and youth (includes School-Based Health Center demonstrations)
- Mental health in schools initiative -- 2 national T.A. centers & 5 state projects

Administration for Children and Families—Family and Youth Services Bureau

- Runaway and Homeless Youth Program
- Youth Gang Drug Prevention Program
- Youth Development -- Consortia of community agencies to offer programs for youth in the nonschool hours through Community Schools
- Youth Services and Supervision Program

Centers for Disease Prevention and Control (CDC)

- Comprehensive School Health—infrastructure grants and related projects
- HIV & STD initiatives aimed at youth

Child Health Insurance Program

Adolescence Family Life Act

Family Planning (Title X)/Abstinence Education

Robert Wood Johnson Foundation States—Making the Grade initiatives (SBHCs)

Related State/Local health services and health education initiatives (e.g., anti-tobacco initiatives and other substance abuse initiatives; STD initiatives; student support programs and services funded with school district general funds or special project grants; primary mental health initiatives; child abuse projects; dental disease prevention; etc.)

Social Services

Temporary Assistance for Needy Families (TANF)
Social Services Block Grant
Child Support Enforcement
Community Services Block Grant
Family Preservation and Support Program (PL 103-66)
Foster Care/Adoption Assistance
Adoption Initiative (state efforts)
Independent Living

Juvenile Justice (e.g., Office of Juvenile Justice and Delinquency Prevention)

Crime prevention initiatives
Gang activities, including drug trafficking
State Formula & Discretionary Grants
Parental responsibility initiatives
Youth and guns
State/Local Initiatives

Agency Collaboration and Integrated Services Initiatives

>Federal/State efforts to create Interagency Collaborations
>State/Foundation funded Integrated Services Initiatives (school-linked services/full services schools/Family Resource Centers)
>Local efforts to create intra and interagency collaborations and partnerships (including involvement with private sector)

On the way are major new and changing initiatives at all levels focused on

>child care (Child Care and Development Block Grant)

Related to the above are a host of funded research, training, and TA resources.

>Comprehensive Assistance Centers (USDOE)
>National Institute on the Education of At-Risk Students (USDOE)
>Regional Resource & Federal Centers Network (USDOE, Office of Spec. Educ. Res. & Ser.)
>National Training and Technical Assistance Centers for MH in Schools (USDHHS/MCHB)
>Higher education initiatives for Interprofessional Collaborative Education

Mapping Other Initiatives to Embellish the Preceding List

We have begun the process of gathering information to revise the above listing. Below are some recent initiatives that were highlighted by participants at the mini-summit.

I. Directly related to MH in schools

Interagency (Departments of Education, Health and Human Services, and Justice)
Safe Schools/Healthy Students

HRSA/MCHB
Continuing Initiative for MH in Schools

Department of Education
New Safe and Drug Free Schools Initiatives

II. Indirectly related to MH in schools -- but focused specifically on MH/substance abuse

SAMHSA
Knowledge Dissemination Grants
Comprehensive Community Treatment Program for the Development of New and Useful Knowledge (substance abuse)

SAMHSA/Center for MH Services
Coordinating Center for the Development of Community Partnerships and the Provision of Technical Assistance to Prevent School Violence and Enhance Resilience

For Seriously Emotionally Disturbed:
Comprehensive Community MH Services for Children & Their Families Community Action Grants for Service Systems Change/Phase I -- Hispanic Priority
Cooperative Agreement for a National Training and Technical Assistance Center for Children Who Have or Are At-Risk of Emotional Disturbance

SAMHSA/Center for Substance Abuse Prevention
Community-Initiated Prevention Initiatives
Cooperative Agreements for Parenting and Family Strengthening Prevention Interventions: A Dissemination of Innovation Study
Substance Abuse Prevention/HIV Care

SAMHSA/Center for Substance Abuse Treatment
Grants for Evaluation of Treatment Models for Adolescents
Grants to Expand Substance Abuse Treatment Capability in Targeted Areas of Need
Community Action Grants for Services System Change
Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services
HIV/AIDS Outreach Program, Community Based Substance Abuse

NIJ
Behavioral and Social Science Research on Youth Violence

III. Relevant to but not focused specifically on MH

Department of Education
21st Century Learning Centers

HRSA/Primary Health Care
Health Care for the Homeless
Healthy Schools/Healthy Communities
New Delivery Sites and New Starts in Programs

HRSA/HIV-AIDS Programs

HRSA/MCHB
Partnership for Information and Communication
Training -- Continuing Education/Collaboration Pediatrics/Child Psychiatry
Children with Special Health Care Needs: Adolescent Transition

DOJ/Office of Juvenile Justice & Delinquency Prevention
Safe Start Demonstration Project

Appendix D

Some Frameworks to Guide Analyses of Policy Related to Addressing Barriers to Development and Learning

For purposes of analysis, policy can be seen as a purposive course of action aimed at dealing with a matter of concern. Public policy is a course of action carried out by institutions and people who staff them. The process of developing policy is political, but not limited to the enactment of laws, regulations, and guidelines. That is, while much policy is enacted by legally elected representatives, policy often emerges informally because of the way people in institutions pursue a course of action each day. Decisions not to act also constitute policy making.

McDonnell and Elmore (1987) categorize alternative policy "instruments" (mechanisms that translate substantive policy goals into actions) as (1) mandates -- defined as rules governing the action of individuals and agencies, intended to produce compliance, (2) inducements -- the transfer of money to individuals or agencies in return for certain actions, (3) capacity-building -- the transfer of money for the purpose of investment in material, intellectual, or human resources, and (4) system-changing -- the transfer of official authority among individuals and agencies to alter the system by which public goods and services are delivered. This framework has been used to study the effects of education reform policies and the specific question "Under what conditions are different instruments most likely to produce their intended effects?" The answer to this question is seen as requiring understanding of "why policymakers choose different instruments; how those instruments operate in the policy arena; and how they differ from one another in their expected effects, the costs and benefits they impose, their basic operating assumptions, and the likely consequences of their use."

A great deal of discussion in recent years focuses on whether policy should be made from the top-down or the bottom-up. Some argue that efforts to generate systemic changes must focus on the top, bottom, and at every level of the system.

The commitment and priority assigned to a policy generally is reflected in the support provided for implementing specified courses of action. Some actions are mandated with ample funds to ensure they are carried out; others are mandated with little or no funding; some are simply encouraged.

Designated courses of action vary considerably. More often than not policy is enacted in a piecemeal manner, leading to fragmented activity rather than comprehensive, integrated approaches. Relatedly, time frames often are quite restricted -- looking for quick payoffs and ignoring the fact that the more complex the area of concern, the longer it usually takes to deal with it. The focus too often is on funding short-term projects to show what is feasible -- with little of no thought given to sustainability and scale-up.

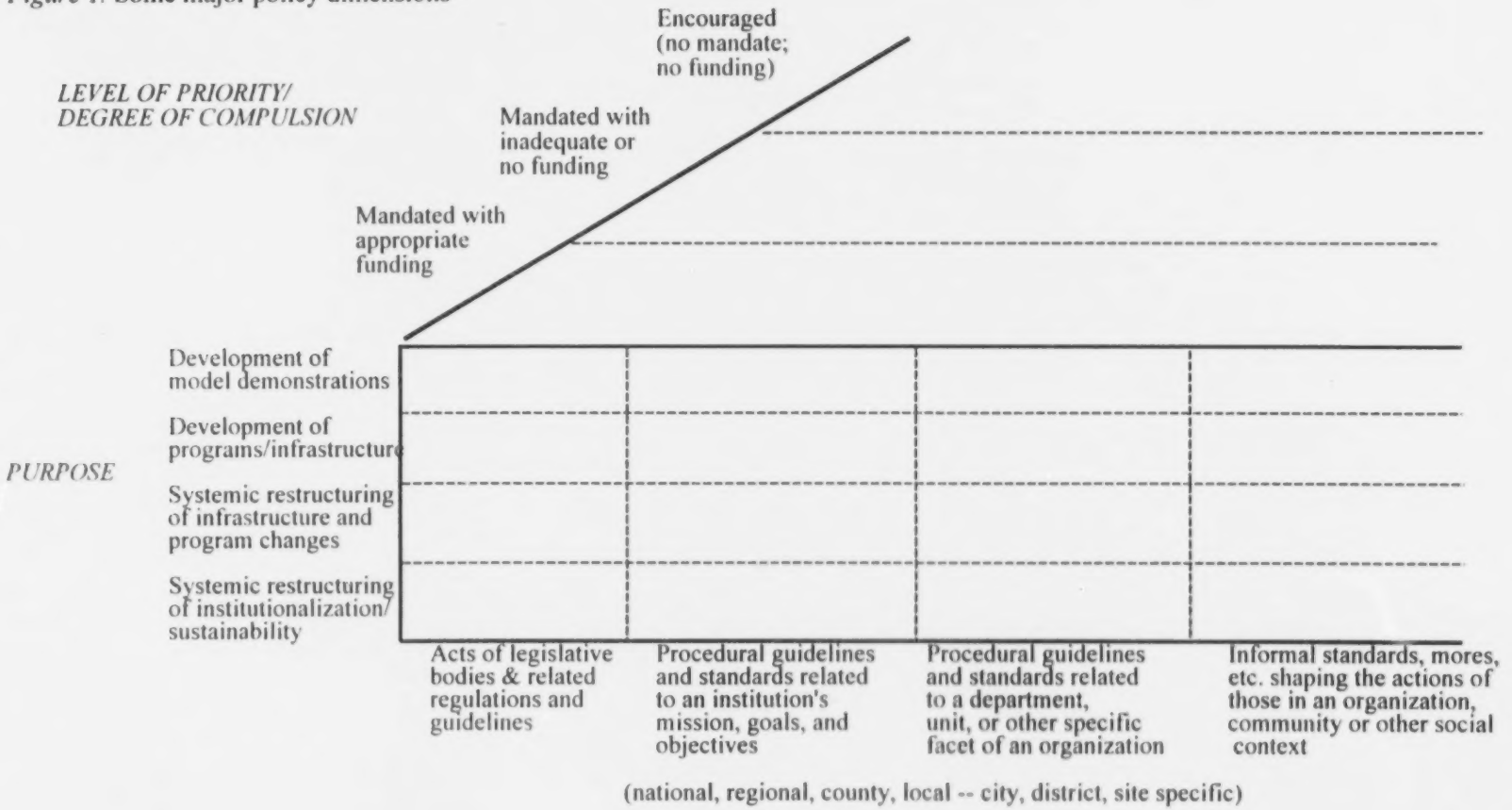
Those concerned with addressing barriers to development and learning have a role to play in both analyzing the current policy picture and influencing needed changes. Figures 1 through 4 provide some frameworks for mapping and generating questions in efforts to analyze the status of policy. Figure 1 outlines three dimensions: the purpose of the policy, its form, and the level of priority/degree of compulsion for carrying it out.

Figure 2 groups major policy and practice for addressing barriers to development and learning into five areas: (1) measures to abate economic inequities/restricted opportunities, (2) primary prevention and early age interventions, (3) identification and amelioration of learning, behavior, emotional, and health problems as early as feasible, (4) ongoing amelioration of mild-moderate learning, behavior, emotional, and health problems, and (5) ongoing treatment of and support for chronic/severe/ pervasive problems. As a guide for ongoing analyses of policy and practice, these areas are presented in a framework organized as an intervention continuum ranging from broadly focused prevention to narrowly focused treatments for severe/chronic problems.

Figure 3 provides a grid for beginning to map the many initiatives that exist for addressing barriers to development and learning (including those aimed at strengthening schools, families, and neighborhoods).

Ultimately, the intent of policy initiatives focusing on ameliorating complex psychosocial problems should be to enhance the *effectiveness* of interventions. As current policy efforts recognize, one aspect of achieving this aim is the commitment to *cohesiveness* (or integrated effort) by improving agency and department coordination/collaboration. Another aspect involves efforts to enhance the nature and scope of intervention activity. Figure 4 outlines considerations related to the focus of prescribed changes, the forms of change that are intended, and the essential elements of capacity building to ensure change is accomplished.

Figure 1. Some major policy dimensions



OTHER DIMENSIONS

Comprehensiveness = piecemeal (fragmented) action ⇦⇨ comprehensive (integrated) action

Degree of flexibility in administering policy = none ⇦⇨ full waivers granted as appropriate

Length of funding = brief ⇦⇨ long-term

Requirement of in-kind contribution (buy-in) = none ⇦⇨ designated percentage (kept constant or with proportion shifting over time)

Figure 2. Addressing barriers to development and learning: A continuum of five fundamental areas for analyzing policy and practice.

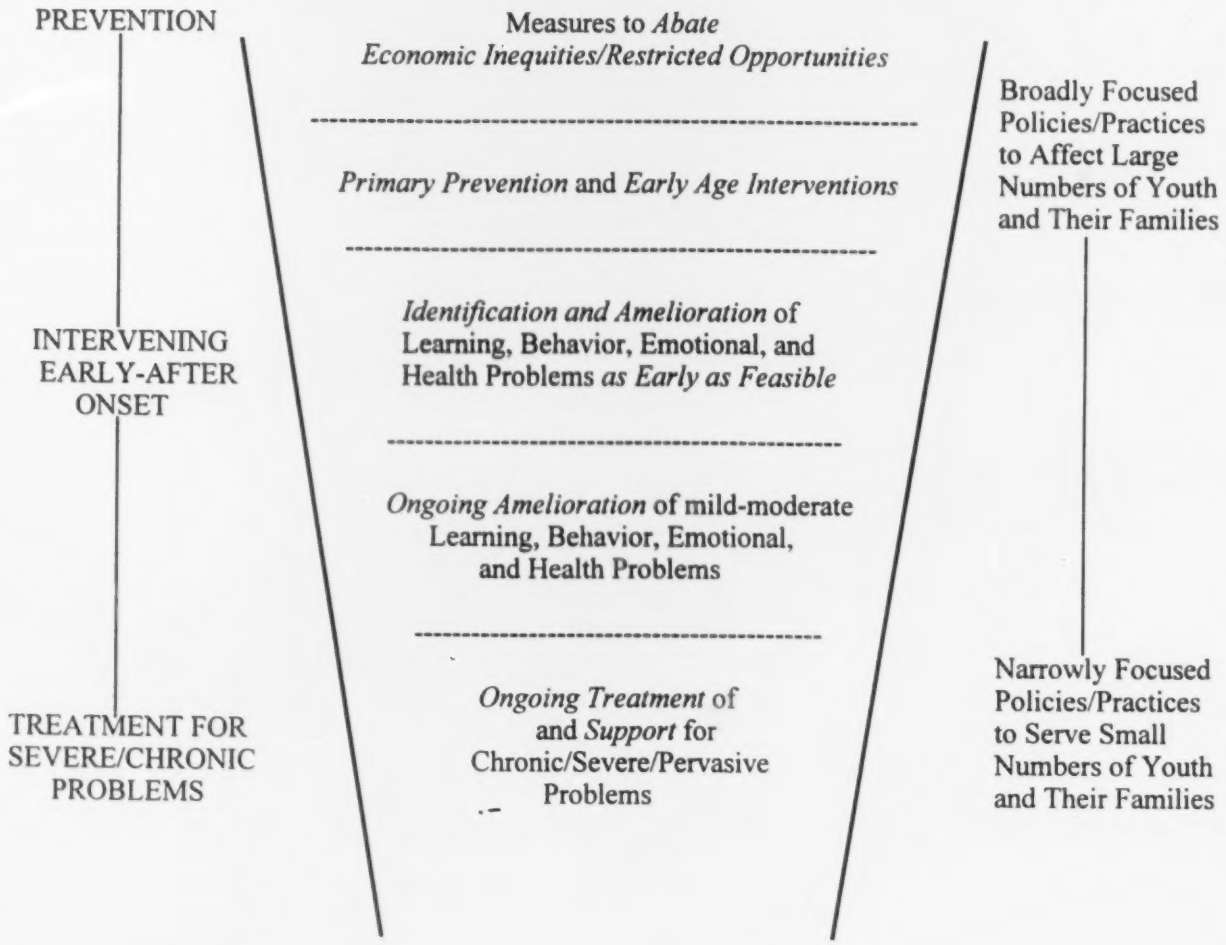

PREVENTION
INTERVENING EARLY-AFTER ONSET
TREATMENT FOR SEVERE/CHRONIC PROBLEMS
Measures to *Abate* *Economic Inequities/Restricted Opportunities*
Primary Prevention and *Early Age Interventions*
Identification and Amelioration of Learning, Behavior, Emotional, and Health Problems *as Early as Feasible*
Ongoing Amelioration of mild-moderate Learning, Behavior, Emotional, and Health Problems
Ongoing Treatment of and *Support* for Chronic/Severe/Pervasive Problems
Broadly Focused Policies/Practices to Affect Large Numbers of Youth and Their Families
Narrowly Focused Policies/Practices to Serve Small Numbers of Youth and Their Families

Figure 3. Framework outlining areas of interest in addressing barriers to development and learning (including strengthening schools, families, and neighborhoods)

	Health (physical, mental)	Education (regular/special trad./alternative)	Social Services	Work/ Career	Enrichment/ Recreation	Juvenile Justice	Neighborhood/ Comm. Improvement
Prevention							
Early-After-Onset Intervention							
Treatment of Chronic & Severe Problems							

Level of Initiatives

- National (federal/private)
- State-wide
- Local
- School/neighborhood

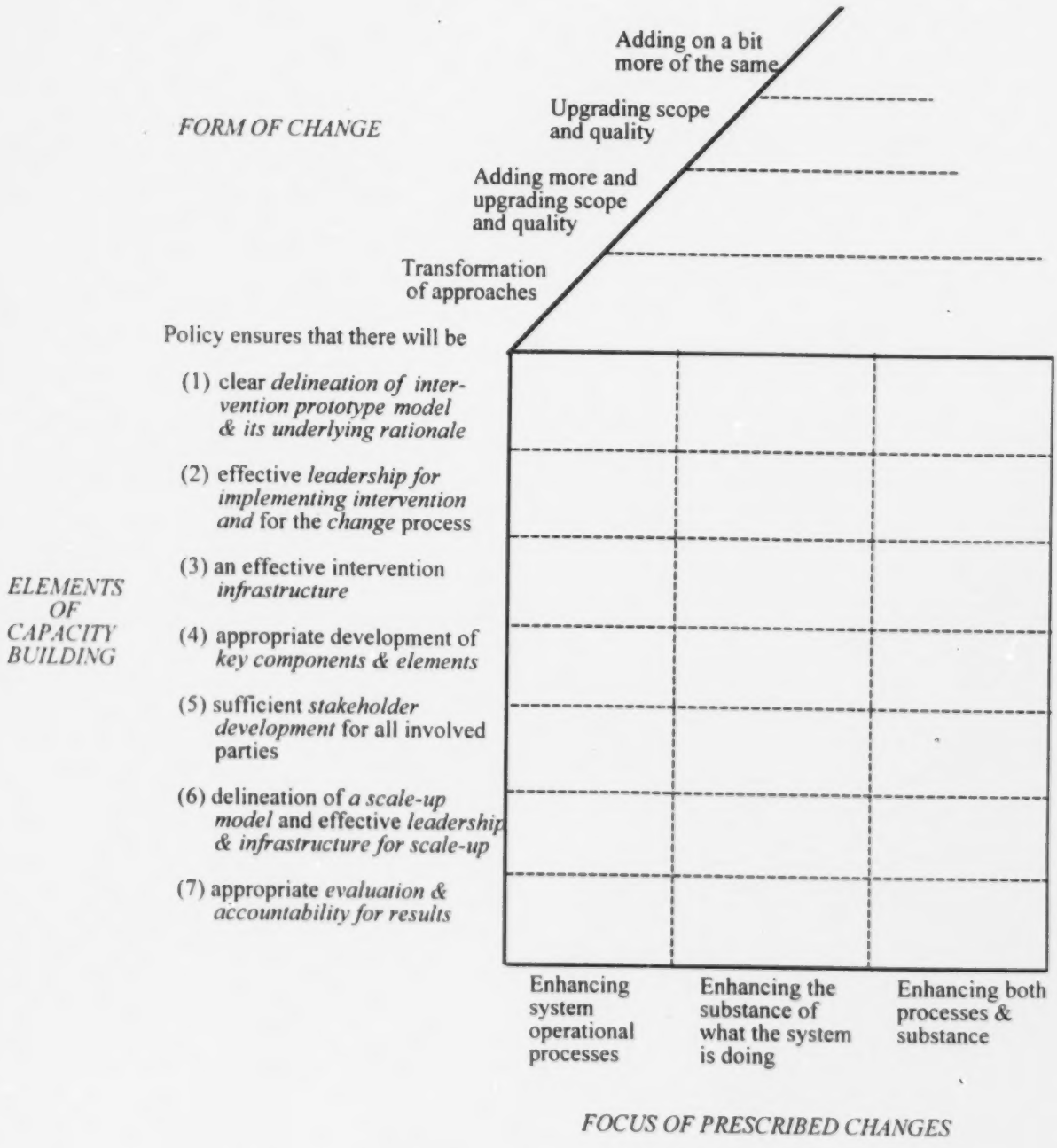
Questions:

What are the initiatives at the various levels?

How do they relate to each other?

How do they play out a school site and in a neighborhood?

Figure 4. Example of a dimensional framework for analyzing intervention policy at national, state, and local levels.


Adding on a bit more of the same
Upgrading scope and quality
Adding more and upgrading scope and quality
Transformation of approaches
FORM OF CHANGE
Policy ensures that there will be
(1) clear *delineation of intervention prototype model & its underlying rationale*
(2) effective *leadership for implementing intervention and* for the *change* process
(3) an effective intervention *infrastructure*
(4) appropriate development of *key components & elements*
(5) sufficient *stakeholder development* for all involved parties
(6) delineation of *a scale-up model* and effective *leadership & infrastructure for scale-up*
(7) appropriate *evaluation & accountability for results*
ELEMENTS OF CAPACITY BUILDING
Enhancing system operational processes
Enhancing the substance of what the system is doing
Enhancing both processes & substance
FOCUS OF PRESCRIBED CHANGES

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